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ABSTRACT

Sporadically, across the country, experimental day care centers for the very young child (eight weeks to three years of age) are coming into existence. Some authorities in the child development and child welfare field advocate this move because they believe that infant day care is the head start deprived children need; and that the present head start programs begin too late. Other people in the field think that day care for the young child can only be destructive to babies, because they will be given only "institutional care." They do not believe that small group care of young children can provide the baby with individual, consistent, warm mothering care that he needs for normal development. The pros and cons of day care for the young child are based on: a review of recent child development research; the evaluation and discussion of experimental day care programs in the United States; and, the author's experience in planning an infant day care center. This is followed with a discussion of various roles for social workers in the policy formation, funding and licensing area, as well as their vital function in the actual operation of a day care center for young children. (Author/CK)

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Sporadically, across the country experimental day care centers for the very young child (eight weeks to three years of age) are coming into existence. Some authorities in the child development and child welfare field advocate this move because they believe that infant day care is the head start deprived children need; and that the present head start programs begin too late. Other people in the field think that day care for the young child can only be destructive to babies, because they will only be given "institutional care". They do not believe that small group care of young children can provide the baby with individual, consistent, warm mothering care that he needs for normal development. The pros and cons of day care for the young child will be based on: a review of recent child development research; the evaluation and discussion of experimental day care programs in the United States; and, the author's experience in planning an infant day care center. This will be followed with a discussion of various roles for social workers in the policy formation, funding and licensing area, as well as their vital function in the actual operation of a day care center for young children.

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DAY CARE FOR THE YOUNG CHILD: WHAT IS THE SOCIAL WORKER'S ROLE?

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Introduction:

Dr. Urie Bronfenbrenner has said that "the most valid predictor of whether a nation will survive and prosper. . . is found in the concern of one generation for the next." My concern is for the very young child from birth to three years of age whose mother must work or cannot care for the child on a full-time basis for any number of reasons.

Anyone who has tried to obtain child care knows how difficult it can be as well as the financial cost and emotional expense if adequate care cannot be found. For some people, expense is not so much of a problem as that of finding competent, dependable, warm, motherly and stimulating care for the infant. People from all walks of life have joined together and are raising their voices demanding day care. The child welfare and child development fields can no longer ignore them and must recognize the growing need. Indeed, answers to group day care's effect on the very young child are needed today--not tomorrow.

In this presentation day care is defined as the care of a child away from home for part of the day, usually in a group, by a "substitute mother". Parents, with the social worker's assistance, elect day care as the best alternative for the care of their child in the mother's absence. In this instance, day care is offered as a right of every family who elects this opportunity for their child no matter what the reason. There are other people who view day care as a supplemental program society should provide, so that babies and young children have the opportunity for a good start in life. And some see it as a preventive mental health program which again society should offer children. These latter views are increasing in popularity with the

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realization that even head start programs begin too late and that approximately ten percent of our children enter school ill prepared to cope with the demands of the educational system. Many of our nation's schools at this time are not structured to meet the different developmental rates and capacities of the children. Along with this has come the startling fact that two-thirds of the intellectural growth is completed before the first grade (Pines, 1967). And, almost half in the first three years of life. These are some of the reasons that we must take a serious look at the needs of young children.

This paper will briefly discuss the changing attitudes toward infant day care, along with recent studies which reveal startling information about the cognitive development of young children. Several infant day care centers in the United States and the research associated with them will be described in an effort to demonstrate the magnitude of concern the child development field and others have regarding the infant and toddler. The goal of the day care movement being to insure the optimum emotional,social and cognitive development of the child so that he can reach his unique potential. Then, a concise discussion of the social worker's role in day care will be presented. In conclusion, specific steps for the development of a sound nationwide program in child development will be formalized.

Attitudes Toward Infant Group Care:

Until very recently there has been official and non-official attitudes against infant group day care. These positions were based on the reports of severly damaged infants who lived however, solely in institutions. These children had impaired object relations, emotional functioning and decreased cognitive development.

We have to thank Dr. Rene Spitz for making us aware of maternal deprivation and what happens to babies in institutions who were deprived of their mothers or of consistent, adequate maternal care. The babies in the institution (foundling home) that Dr. Spitz observed, and made movies of, were given almost no attention, no love and minimal stimulation, vis-a-vis diapering, washing and other "necessities" after three months

of age. Then Dr. John Bowlby of England wrote about maternal deprivation. He increased everyone's apprehension about the institutional care of infants. His survey by showing that the earlier an infant experienced maternal deprivation and the longer it persisted, the worse were the effects on the child's emotional, social and intellectual development. He concluded that if this maternal deprivation began in infancy and continued up to age three, the child could never be repaired.

As a result of the maternal deprivation era (late thirty's to fifty's), plus the fact that few studies had been done in the United States with young infants in groups on a part day basis, the feeling that the mother was very important, if not even essential until age three was increased. Working mothers of young children have been frowned upon. People felt that mothers who worked were, "selfish, materialistic, working for frivolous reasons, trying to evade their responsibility..." and the like.[1] Such questions were raised as: "Why is day care necessary?" "Isn't a mother's place in the home, caring for her own child?"

In the past, the mother often had the extended family to give her emotional support and relief in her child caring activities. With the decrease in extended family ties as a result of mobile, urban living, young couples need other resources for sustainment during these crucial times. They need emotional support, guidance, as well as relief from constant child care.

There was also the general belief that all parents are loving, warm and affectionate; that they really enjoy and want their children. Such a hard fact as the "battered child" proves this is not always the case. How can parents give to their child, which they never received? A child in this situation would be much better off with the opportunity for time away from the parent.

The reasons for the changing attitude about day care for the young child is due to social and economic factors, research and the influence of comparative practices in other countries. The Joint Commission on Infancy Report advocating early intervention below three years of age was also influential by bringing about the development of the PCC's (Parent Child Centers). President Nixon's State of the Union Address

stressing early childhood intervention caused rumblings on Capitol Hill.

Researchers recently pointed out that the damage of institutional care was due to the lack of stimulation, not separation from mother. J. McV. Hunt pointed out that it was the lack of visual, emotional, sensual and tactile stimulation combined with the fact the child never had the opportunity to do anything which would produce interesting results or feedback which resulted in the drop in institutional babies development.

Based on this new evidence, lack of stimulation, researchers like Burton White, Ann Lodge, Earl Shaffer, Harriet Reingold, and others began stimulating institutional and defined "deprived" group of infants, and not stimulating a control group from the same setting. They found that the stimulated babies became interested in their surroundings, formed attachments to the stimulator, smiled at objects, began to reach out, and began vocalizing. What may be even more revolutionary was that researchers found that there are "crucial" times at which a child is ready to receive certain learning or achieve a particular developmental task. If this does not occur, then the child cannot proceed to the next phase in his development. For example, institutional babies at six months to one year may look like three month old babies. They may be found staring at their hands and interest is turned inward rather than outward, exploring the world. These babies don't differentiate their speech but use grunts. There is minimal simplified commumication; a grunt and a tug to get what they want as they grow older.

This is what happens when children are left uncared for except in a physical way. As a profession we must support researchers in identifying the cognitive steps in an infants' learning.

The values of society too are changing. The U.S. Labor Department reports that in 1960 the number of married working women, with children, under six years of age doubled to two and one-half million. The Government expects that in 1970 the proportion of working mothers will increase by forty-five per cent. This increase is due to many factors. There is greater opportunity for women to work due to the

increasing number of job openings (full and part-time) in the labor market. A person with a specialized or professional skill can almost name the hours. In the past, women were often discriminated against because of sex and what was considered a potential disability--childbearing. Nowadays, women are going to college, graduating and continuing their professional careers following marriage and childbearing, if they can make suitable child care arrangements. Other reasons for the increase in the number of married working women include: the need to finance a husband's college education; to supplement the income in an effort to meet the increased cost of living; to buy family extras; or, to help send a child through college. In other instances, a mother may be a widow, be separated or divorced, and in an effort to financially keep the one-parent family together, she works. And as has been mentioned before, there are some children who are better off not cared for by their own mother for a variety of reasons or for only short periods of time. Many women recognize this. There are other women who find they can give more to their children if they are allowed to be creative in a world apart from routine child care. In some areas of the country ADC (welfare) mothers are required to attend school, or work if physically able. Other welfare mothers readily accept job placement when child care arrangements can be made or are financially within their means. For whatever reason, more and more women are working, which means some type of child care arrangement had to have been made. But what alternatives were available? And what was the quality of that child care? And, for what price?

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Many are aware that in reality the United States lags in its interest and investment in the development of this nation's most valuable possession, its children. Therefore, the development of day care centers is realtively new. The United States projects to be described in this paper have taken leads and will have avoided many pitfalls as a result of developers having visited programs in Isreal, Russia, France, and Greece. For example, there are five million Russian day care centers compared to the six hundred thousand United States centers. The professionals and day care people who work with young children are paid high prestige in foreign countries. This is not

true in our own country. In fact child care givers earn a wage comparable to the nurse's aid. They receive less credit for their very important role in the development of young children than a baby sitter.

The Soviet Union, of course, had large scale day care for social motives. They feel it is desirable to have the infant away from the nuclear family's influence. The goal is to develop a group personality as opposed to the United States ideal--the unique individual personality. The Russians were also one of the first groups to begin the development of a "physical fitness" program for babies. Many of their pioneering research studies are now being followed up by American scientists.

The kibbutz in Israel has demonstrated that the children don't suffer. They, long before us, recognized the high cost of day care but in spite of their country's developing demands the ratio is generally one "metapelet" (caretaker) for every four children in day care. The mother is working most of the day in Israel but psychologically she is still with the child, because of their interchange each evening. And another advantage is that there are mother's all over the kibbutiz making "chicken-soup." Another factor is that the "metapelet" has an honored position and has professional security within the culture.

A Sample of Infant Day Care Centers:

What has resulted from the recent focus in the United States on group care of infants and what have the programs learned? First, let us travel to the Southeast and look at the program Dr. Mary Elizabeth Keister has developed.

Dr. Keister who is at the University of North Carolina at Greensboro has a demonstration project entitled: Group Care of Infants which is supported by a grant from the Children's Bureau. She felt that since there was nationwide concern with the problem of caring for toddlers and babies in groups, demonstrating a quality program was important in order to answer the question that social workers, medical doctors and early childhood educators were raising. However, she and other child development leaders caution that they have not yet proved that care of babies in groups, away from home, is not detrimental to their healthy development. Long range research must be completed in this area before positive conclusions can be reached.

The program was based on recent research of maternal deprivation. The Demonstration Nursery Center committed itself in trying to develop "the kind of care that safeguards health, builds trust in the world with competence to cope with learning, develops language and motor skills, and encourages social interests"[2] in a group setting for infants and toddlers. It was strongly believed that babies can thrive in a group setting where individualized care of high quality was given. They asked and attempted to answer such questions as: "Is warm, affectionate, individualized mothering for an infant possible in a group setting? Can the beneficent intimacies of home life be replicated when infants and toddlers are cared for in groups? Can adequate protection of physical health be assured to babies who are daily taken outside their home?"[3]

The Demonstration Nursery Center was opened in the educational wing of a church building. It's hours were from 7:50 A.M. to 5:30 P.M. weekdays, and serves twenty-two babies and toddlers who occupy four rooms.

The program was integrated racially, socially, ethnically and religiously.

Babies entered the program as early as three months of age. The children are divided by ages as well as how they are progressing developmentally.

There are twelve "crib babies" (ages three months to about eighteen months). They still take two naps a day and occupy two rooms. The twelve babies are cared for by the same three people each day (4:1 ratio). A fourth person assists the group at peak activity periods and also to provide staff relief for lunch and breaktime.

In the "Red Wagon Room" there are four or five toddlers, around fifteen to twenty months of age. This group had one regular caregiver, with a helper for the busy times (lunch, sleep and getting ready for the outdoors).

Toddlers who are beyond twenty months and ready for a somewhat more structured playtime are found in "The Playhouse Room". This room has its own toilet and hand washing facilities, as the youngsters are becoming ready for toilet training. It is important that toilet training be done with the parent and child caregiver in concert, as to when the individual child is ready. The five or six children in this group have one continuing caregiver with help by an assistant, again at peak times.

The eight, three year olds, in a room somewhat apart from the younger child down the hall, have a professionally trained nursery school teacher four mornings a week and a nursery assistant with them all day. One-half of these children are in all-day care.

Each room is brightly colored and alive with things to do, at each child's interest and level. In the rooms you will find some children asleep, some at play, and others are out-of-doors taking a walk. The researchers advocate the importance of a separate sleeping area for the infants in order to insure peaceful surrounding without having to "hush" the other awake, active and exploring children. When I visited Geensboro in 1968 they had not yet been able to get enough space so that the "wee ones" had two rooms; one for sleeping and one for play. They are fed, dressed or diapered on an individual basis. Hand washing is stressed between the care of each child.

Each infant center's concern is that of the physical care of babies in groups. To my knowledge, all infant day care centers have developed a "sick bay" area. Dr. Keister had a nurse employed and a pediatrician who was a consultant two hours per week, and on call for emergencies. There had been a low illness rate because of the meticulous attention given to hand washing, staff health, toy washing, floor cleaning, etc., which are essential to protect the physical health of young children in a group setting.

Dr. Keister based her program for the babies on the strengths found in well-functioning family life. Therefore, the most crucial aspect was a warm, loving consistent caregiver. This person knows what the baby liked and his routines. The caregiver enjoyed being with the baby, smiled at him, talked to him and played with him. The caregiver shared and encouraged the baby's tie to his mother and family. Before the baby even entered the program the parents share with the staff the routines, likes and dislikes of their baby. These were written on cue cards and kept with the baby for all in his attendance to know.

The babies were held for feeding and at least one rocking chair was found in the babies' rooms. The children were not pushed to learn but explore their environment as interest develops. This was a contrast to Dr. Bettye Caldwell's project in Syracuse, New York which will be discussed later.

Areas in which the demonstration project still wants to explore are: (1) How to involve families and grandparents to a greater extent; (2) Mixing of age levels for increased opportunity for learning and social development, and (3) Cost accounting in the expensive field of all-day care of infants. For quality care of the young child parents must be prepared to pay more. Cost estimate in 1968 was $3,500 a year for one child for this project.

A second infant day care project was that of Dr. Bettye Caldwell* and Dr. Julius Richmond, The Children's Center at Syracuse University, Syracuse, New York. This was

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*Dr. Bettye Caldwell has since left Syracuse to develop a project in Arkansas, and Alice Honig has replaced her at The Children's Center.

also sponsored by a Children's Bureau grant along with the U.S. Public Health Service. It was formally launched in 1964. The goal was to evaluate the extent to which the environment could favorably influence a child's learning career. This was attempted originally by providing a program for disadvantaged children from six months to five years of age, but soon changed to include a wide range of economic and social backgrounds. Entrance was at six months, based on the infant attachment studies (Schaffer & Emerson, 1964; Bowlby, 1969) which say a child is fairly well attached to mother by that time.

Children do not have to attend a full day nor does the mother have to be employed. Besides insuring, demonstrating and evaluating good group day care, the researchers were interested in developing a program of continual stimulation. In this program there was an emphasis on language stimulation. Every activity and/or contact had a verbal response with it. In essence they conditioned the children's development of language and thought. In 1967 there were approximately eithty-five children in the program.

Some of the insights Dr. Caldwell gained were that after one or two years of attendance in such a program, that their "graduates" needed a three to four year old program in which to enter. This is why this center developed the older age program. Since children have individual needs, some were best enrolled on a part-day basis. (Non-working mothers also needed this service.) Enrollment in these categories was instituted. And finally, they found that the inclusion of middle class children reaped benefits for all children in attendance. The Children's Center estimates that their cost per day per child is $11.54.

One of the greatest contributions from this project was the program developed for the stimulation of infants. Continuity of staff was important and twice a day for at least one-half hour each child received undivided attention from a full-time

staff member. The project formalized a "growth-fostering" environment by providing the following principles of their teaching curriculum.

1. The optimal development of a young child requires an environment ensuring gratification of all basic physical needs and careful provisions for health.
2. The development of a young child is fostered by a relatively high frequency of adult contact involving a relatively small number of adults.
3. The development of a young child is fostered by a positive emotional climate in which the child learns to trust others and himself.
4. The development of a young child is fostered by an optimal level of need gratification.
5. The development of a young child is fostered by the provision of varied and patterned sensory input in an intensity range that does not overload the child's capacity to receive, classify, and respond.
6. The development of a young child is fostered by people who respond physically, verbally, and emotionally with sufficient consistency and clarity to provide cues as to appropriate and valued behaviors and to reinforce such behavior when they occur.
7. The development of a young child is fostered by an environment containing minimal restrictions on exploratory and motor behavior.
8. The development of a young child is fostered by careful organization of the physical and temporal environment which permits expectancies of objects and events to be confirmed or revised.
9. The development of a young child is fostered by the provision of rich and varied cultural experiences rendered interpretable by consistent persons with whom the experiences are shared.
10. The development of a young child is fostered by the availability of play materials which facilitate the coordination of sensory-motor processes and a play environment permitting their utilization.
11. The development of a young child is fostered by contact with adults who value achievement and who attempt to generate in the child secondary motivational systems related to achievement.
12. The development of a young child is fostered by the cumulative programming of experiences that provide an appropriate match for the child's current level of cognitive, social, and emotional organization.[4]

It was Dr. Caldwell's belief, and evidence may already be in to support this, that the second year of life makes the difference in cognitive functioning. This being true, than day care for the two year old should have a stimulating, cognitive program.

A third project was the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill. Unfortunately, a personal visit to this Center was not made, but from reading its proposal, talking with the staff, and listening to child

development experts, one finds it, too, has contributed invaluable experience and research findings in group care for infants and toddlers. The impetus for this study came about in an attempt to find an innovative mode for helping the plight of culturally deprived children. Dr. Halbert Robinson, who initiated the project, had the concept of a complex which would serve the educational needs of children from birth through elementary school age. He organized leading child development people, elementary school age educators and architects to design a model center.

In the meantime, the pilot project temporarily opened in trailors. A day care program, with health care and education for approximately thirty infants and preschoolers began. The children were grouped in a family model, with ages mixed in the same unit. The goal was to have approximately two children at each year level from birth through the fifth year. An important aspect of this grouping was insuring continuity, as well as the opportunity for long-term relationships with significant adults, which all day care people are interested in providing. The older children in the family units move out for part of the day to special playrooms and kindegarten classrooms. Each family unit also has one male staff member. This center has a mix of racial, ethnic and economic backgrounds. One-half of the children are from the service staff, with an average I.Q. of 85. One-half was from the professional group with an average I.Q. of 125. It was unique in that it taught a second language, French, at six months and music, such as playing the violin to the toddlers. Some people have called it a "stimulus smorgasbord." The research program set out to determine post-natal determinants of learning, behavioral, sensory and motor insufficiencies. Their concern was cognition and not the emotional development of the children in studies. From these studies a program of effectual intervention will follow. A very important part of the research was the longitudinal study of infants in the program and their controls over a ten year period.

Because of their proximity to hospital facilities another important emphasis has been the study of the etiology of acute respiratory disease in infancy. The

comprehensive medical program was important, since various age groups were being mixed. It had been assumed that disease incidence would increase as a result of this early and frequent exposure of the "little ones."*

A fourth plan that I have recently become aware of is the Child Development Center, run by the Jewish Board of Guardians on the West Side of New York City. The director of clinical projects is Dr. Roy Lilleskow. It is located on the first floor of a high rise apartment building. This has the advantage of insuring daily contacts, discussions with the parents regarding the child's day. It can serve up to nine children at any one time. The children enter as early as two months of age, can attend either half or full-day depending upon the individual family situation. The determination for admission is "high risk" babies which was described as meaning: there was trouble around childrearing; older children in the family were in trouble; no suitable child care plan for a working mother; and, a disorganized family. There is a 4 to 1 ratio. The staff director they feel should either be a registered nurse or an early childhood person. The cost of care has been estimated to be between $3-5,000 per child for full-day care.

New York City has a head start in developing infant day care standards and then evaluating their feasibility. They recommend forty square feet per child for those under six months, but 1000 square feet per toddler.

In this center the parents bring in the child's formula which permits greater flexibility in feeding menus. Parents also supply the child's clothing and diapers.

The center did not develop a formal program of stimulation but had the child develop his own style of doing. They do provide an array of bright colored toys to stimulate his interest.

This project has begun to raise some interesting questions for exploration. For example, some children entering day care in infancy have demonstrated stranger anxiety at an earlier than the expected sixth to eight month age. Stranger anxiety

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*Dr. Ann Peters developed a paper, "Philosophy of Practice of Feeding Infants in a Day Care Setting," 1968.

is normal and to be expected, but what implications does this early occurance have? Many caregivers are asking: "How does one keep the creative spark alive in a child without spoiling him?" Some caregivers' lifestyle does not include offering substitute activities to distract a child's interest which means that the caregivers had to unlearn old habits and learn new approaches to child care. In-service training is of necessity. There is also some question as whether the "twinning" affect will occur with four babies together over a long period of time. Their social needs may be satisfied by each other so that the motivation for verbal communication may be somewhat behind that of children who are singletons.

Another aspect is center personnel. Staffing is expensive and centers often use volunteers. However, some research child psychologist's feel that with the very young child volunteers can only be used as extras and not as standard or steady caregivers. Continuity of relationship must be preserved.

Some centers as in the New York one, find that natural selection of caregiver by the child has worked out remarkedly well. However, some administrators wonder if this is feasible. In any event this center will soon have some of the answers to their own questions.

Several years ago work began on the Infant Rearing Project at the Children's Hospital of Washington, D.C. where a program of infant group care was designed primarily to prevent environmentally caused retardation. An infant day care center was designed based on the previously discussed centers findings, a program of infant stimulation developed and tested to a limited extend, as well as the development and running of a pilot child care worker training program. As a result of the work a proposal for infant day care standards was developed by this author. But lack of funds is holding up implementation, as is true of so many innovative child development research programs.

The Role of Social Workers:

Initially, and traditionally, social workers have been involved in the establishment of licensing standards for day care centers and in policy formation. Licensing is a preventive child welfare service, that is, to prevent misfortunes happening to children who are cared for away from home as well as promoting their good health. The positive consideration of infant and toddler day care licensing is recent. In a 1968 survey this author completed for the Infant Rearing Project of the Children's Hospital of Washington, D.C., it was found that forty-six percent of the states which license day care have regulations for group infant care. It was therefore obvious that nearly half of the states recognize the need for child care of young children. See Appendix A, p. 30 for Table I, Composite of Existing Infant Day Care Standards.

Social workers need to become advocates for young children in policy formation. The best place to start is with our legislators and securing adequate funds for early childhood education. But before this can be accomplished we must educate our law makers to what day care with a difference means.

In 1970 there were five major pieces of legislation that concerned day care and/or child development. It appears at this time only one of these bills,the Family Assistance Plan may pass. And although there may be increased spending to a billion or one and a half billion dollars in the early childhood education field, this will not meet the nationwide needs for quality day care. A means to insure the amount of money required so that good programs are funded is yet to be found.

As mentioned earlier, one way is to make Congress aware of the needs of young children. They must be informed of the realities in finding adequate space for centers which can pass local health department regulations. Rennovation and construction money is necessary to insure day care with a difference. Another factor to be considered is child development personnel. Even today there are not enough trained professional and para-professionals to meet the increasing day care needs.

Training funds are another real need. As a professional groups we can present the total picture to insure realistic programs.

What are the characteristics of a social worker who has responsibility for direct service in a day care center? She must be a warm, sensitive person who really likes young children and can be supportive of their parents. The children are seen and treated as a part of their family and the culture from which they come. There is an understanding of their development and an appreciation of the individual growth of each child. In relation to this the social worker has the ability to recognize each individual's expression of separation anxiety. She can interpret this to both the parents and the caregiving staff. Being sensitive to the needs of infants and young children the social worker can deal with these angry, sad, happy feelings and out-of-bounds behavior. This is done in an accepting, non-punitive manner, but she can be firm when needed. A major role is to encourage the children's verbalization of their feelings rather than acting them out.

Her presence in the center is also a role model for children, parents and staff. In order to be effective the social worker must work closely with the care-givers and have intimate contact with the children. In this way she can be a useful messenger in her interaction with their parents. This need is heightened with the financial realities in running an infant day care center and most cannot afford the luxury of a person who does not make some direct contribution to the work with the children.

The social worker in a day care center occupies a unique position in that she is in a setting not traditionally a social work locale, and this offers both an opportunity and a challenge. This new situation requires adaptation of techniques and utilization of a full range of practices, and exploration of unaccustomed roles for the practitioner in working not only with clientele, but agency staff representing other fields such as, nursing, education, nutrition and administration.

As a social worker one of the biggest jobs is to come to the realization that the goal of day care is to assist the mother in her role, not to assume the parental

role. In order to come to this point in role functioning, there must be the belief that no matter what the circumstances or motivations it's all right for mothers to work. Day care will strengthen family life as a whole and not replace the parents. This is achieved by providing warm, loving care and the stimulation of the child for maximum social, emotional and intellectual development.

With this premise, the social worker has the very important role of doing the intake for the day care program. There is the need to explore with the parent the best mode of child care for her individual child and family circumstance. Not all infants and toddlers do well in a group setting. This is one of the rationales for an intensive exploratory intake with parents combined with seeing the child. Another aspect of intake is to educate the parents that day care is not custodial care and that they are an integral part of the program. During this phase, the social worker needs to secure a complete birth and developmental history on the child. (This is why social work educators and child focused service agencies must see that the social work staff is equipped with a basic knowledge of normal child development and supervised experience in assessing the natural progressions of young children.) This not only alerts the personnel as to the child's needs and possible development difficulties but gives a basis for developing an individual program once the child is accepted. It also communicates to the parents the center's interest in them and their child as an individual. Sometimes it serves as the pathway for educating the parent about his child's developmental needs, realistic expectations, as well as support in what they have been doing as a parent.

If infant group day care, rather than individual baby sitting or family care is determined as the most appropriate service, the social worker needs to engage the parents in a cooperative discussion of how to ensure an easy transition from home to center for all concerned. Of course, each center has certain admission policies such as complete physical that must be met. But the more the parent can be involved with the rationale for a gradual integration into the program the greater the likelihood of minimizing separation anxiety on the child's part. This will

minimize parental guilt, if they have any about working, as well as increase their confidence in the center and staff.

The "get acquainted" or initial adjustment period must be flexible and gradual so that a smooth, secure transition can be made for the child. He must, with his mother's help and presence, gain trust in the staff and develop an attachment to one of the caregivers. This period of transition also allows the caregiver the opportunity to begin to know the child's mother so she can talk about "mommy" in her absence in a warm, knowing manner. A picture of the child's family is another way to facilitate the connection between home and center. As mentioned before, the social worker is crucial at this point in discussing the mother's feelings and concerns or helping her verbalize them if she is trying to deny them. She also gives support by her presence and mode of being interested in the child and his mother.

This period lays the foundation of communication between the social worker and caregiver regarding the child. The social worker must be up-to-date on the child's development and adjustment as she does follow up contact with the family. If effect, the worker provides a consultation service for the family situation as it affects the child.

Then the social worker begins discussion of this child's routines, likes and dislikes, and personality. These are written down and shared with the primary caregiver for this child. The mother begins to understand the importance of sharing information, keeping it up-to-date, as well as preparing her for the daily staff conference when she leaves the baby off in morning and picks him up. The importance of alerting the staff to any signs of illness cannot be overstressed to them. Parents are less hesitant to do this if the center has made provision for the sick child so that the mother does not have to keep the child home except for severe illnesses. This is particularly true for the working parents.

The parents' work phone numbers, physician's name and address are obtained. The parents also sign a release that permits the center to seek emergency medical care until they can be reached. If the parents provide the formulas, clothing, etc., these

too are discussed.

It is important that transitional objects be allowed and encouraged. The small child needs the security of his favorite toy, blanket or the like as it's a long day from them in an environment away from home. It also reminds them of "mommy" and that she will be back. Another aspect to discuss with parents is how even the very young child learns very quickly what time the mother comes for him. She should be encouraged to be on time. Children in any center can be seen standing anxiously near the door or staring out of their cribs anticipating mother's arrival. It is a welcomed event and usually accompanied with big smiles, hugs and kisses. She should be encouraged to call the center if she knows she'll be late so that they can tell the child, verbally and physically reassure him that "momma" is on her way.

The particular benefits that can be derived from having a social worker attached to a day care center stem from the opportunity to recognize, diagnose and treat actual developmental difficulties in the early stages, when corrective work can be most effective both for learning and behavior problems. Another positive feature of the day care program, is that of coordination between administrators, social workers, child caregivers and teachers, so the whole day care milieu can be theraputic; for example, if a child is a slow learner in need of bolster for a good self-image, the social worker in the play room, the caregiver aide on the playground, the nursery school teacher in class can arrange games, lessons, etc., to give a success experience in which the child can't fail.

A problem encountered in this work includes the fact that often the same worker carries both parents and child and must guard against over-identification with one or the other, most usually the child. It is natural enough for the parents as it is, to feel defensive about their functioning as parents when counseling focuses around their child. Two workers, on the other hand, one involved with the child, the other with his parents opens the door to manipulation by the child or parents of the workers, playing them off against one another, or to rivalry between the caseworkers to the detriment of service to the clients; a single worker for both child and parents can

pick up on any discrepancies between reporting of parents and child, interpret one to the other more readily; another advantage of one worker is that the worker can hold conjoint interviews where appropriate and meet with any combination of family members.

If the child is being bussed to the center, it is very important for the social worker to visit the home frequently to facilitate communication regarding the child. Communication difficulties can also arise as a result of the fragmentation of the agency's responsibility and tasks. For example, the parents may not be aware that their child is having learning and behavior problems until the caseworker picked up the case and on the first interview shared this with them. Communication, then, besides being complex, is a sometime thing; and straightening out misconceptions and misunderstandings that normally arise in the course of interdisciplinary work, is imperative, and periodic conferences vital. In reporting back to the staff the social worker's task at times is to interpret the child (and/or his parents) positively to the teacher, caregiver or principal. Sometimes the staff obtain a strong, prejudicial view of the child or his family and this effects their treatment of or attitude toward the youngster. The social worker, who often works with both child and his parents, and through these contacts has a broader picture of the home environment, is in a prime position to correct stereotyped thinking and evaluation on the part of other staff.

An additional unique feature in day care social work, which is similar to corrections work or more nearly protective services is that a client is not necessarily voluntary, seeking a service once they have enrolled the child in the center. Work with such parents, in addition to knowledge of child development, requires skill in working with involuntary, possibly very resistant clientele. Further, the referral which centers around the child as presenting problem, may lead the parents to see the difficulty as the youngster's, not theirs. Yet unlike most agencies that deal with non-voluntary clients, the day care center is not like a court or public welfare

agency invested with the authority to make necessary treatment mandatory except, perhaps, as a condition of the child's continuation in day care; the parents could then just as easily withdraw the youngster who most needs the help from the program rather than engage him or themselves in treatment. Even in cases where parents optionally enter into counseling they may be apprehensive in fearing the caseworker is spying on or using the child to inform on them. In another situation a child's remark that he very much liked his mother's boyfriend, was mentioned by the mother's worker to the mother in an ostensibly non-threatening context. The mother attempted to muzzle the child for fear he was reporting on his home and family to his worker. Her misapprehensions were cleared up, and treatment enabled to proceed, by arranging for the mother to meet and get acquainted with her son's caseworker and her purpose; she was then able to interpret positively to her son the counseling he was receiving, and participate more actively and with increased interest in planning for him and herself with her caseworker.

In all of her contacts the social worker is doing parent education, discussing health matters, interpreting recommendation from the center's doctors, teachers and other staff, and observing the mother-child interaction.

The ongoing services that the social worker provides depends upon who the mothers are who are using the service and the focus of the program. If the mothers lack the skill of mothering as well as being in need of mothering themselves, the social worker has a primary role in child development education and support. The child caregiver, on the otherhand, gives daily encouragement and recognition to the mother. It's the worker who can often be most effective in working at the deeper level relations with parents of any age and maturity rather than the person who cares for their children.

The social worker often provides such services as marriage counseling, family planning information, employment referrals, preparing or coaching the parent for interviews (for example at the department of welfare), and many are organizing parents to help publish a newsletter that contains information on shopping,

low-cost meals, child development theories and cultural events. The development of a parents organization is also effectively done by the social worker. Most of these focus on parent-child relations and attempt to help the parent understand their own child. Parents often find this supportive and the second most valuable aspect to the program.

The day care setting is in some respects like work in a school in the sense that the social worker's client is often the child. Even though with young children we minimize compartmentalization it is often the social worker who has the know-how or authority to coordinate a program suited to the child's individual needs. In the beginning she must interpret her role and functioning as many people are unclear and will only see her as a caretaker or teaching assistant. Consequently, a social worker is forced to assume an educative function with regard to her role vis-a-vis other professionals. This role can be one of the most rewarding experiences in a social worker's career.

Conclusions:

In summary then, as social workers we must recognize that in many situations group care for the young child has advantages. For example, where the mother does not have the inner resources to provide the child with warmth and affection; where poor and overcrowded conditions makes it imperative that the child be out of the home part of the day; where the mother for financial and/or emotional reasons must be employed; to begin cultural integration at any early age; and the like.

In recognizing the need the profession must take the following next steps. First, to insure that funds will be available for continued research as well as social work involvement in scientific research concerned with the crucial developments in the first three years of life. Second, there must be the education of legislators as to what the needs of young children are and what day care with a difference means. Third, the development of realistic infant day care standards to ensure the happy and healthy development of the children. Fourth, we must be innovative in finding the means to decrease the cost of child care and fifth, we must be sure social workers are equipped to work in the child development field. In this way our heritage will be preserved.

FOOTNOTES

[1]Florence A. Rudermon, Child Care and Working Mothers: A Study of Arrangements Made for Daytime Care of Children, New York: Child Welfare League, 1969, p. 318.

[2]Mary Elizabeth Keister, "The Good Life" For Infants and Toddlers," Washington, D. C.: National Association for the Education of Young Children, 1970, p. 9.

[3]Ibid. p. 10.

[4]Bettye M. Caldwell, "Day Care -- Timed Instrument of Bold Social Policy," unpublished paper, 1970, pp. 23-24.

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APPENDIX A

TABLE I

1968 COMPOSITE OF EXISTING STATE INFANT DAY CARE STANDARDS

ITEM	STANDARD
Infancy	Birth to 2 years when infant care is no longer required.
Infant Day Care Center	A group day setting which provides care that encompases warmth from consistent adults, good nutrition and health services.
Admission Policy	A planned program which best meets the child and parents need, done with medical approval and physical examination.
Building Construction	Must meet local building and fire codes with particular emphasis given to infants health, safety and development, e.g., no infants below ground level, windows in each room
Safety	Telephone service Stairways with gates and railings Screened windows Electrical outlets covered Staff knows first aide
Minimum Space Indoor Outdoor Grouping	 35 - 50 square feet/child 65 - 100 square feet/child with relative accessibility to center, well drained sun and shade area, grassy and surfaced areas, fenced Infants separate from older children Small groups of infants range from 4-8 children/units
Sleeping Facilities	Separate room with individual cribs 2 feet minimum between cribs Adequate ventilation Adult supervision

TABLE I (continued)

Diapering	Changed at own crib or on counter provided with individual coverings for each child. Hand washing facilities immediately available Water proof receptacle for soiled diapers Disposable diapers suggested Toilet training according to parental plan, should not be forceful, child always supervised.
Food Preparation and Feeding	Separate kitchen for food preparation Meals provided Formula preparation and feeding according to physician and parental plan Sterilization of bottles and nipples Bottles individually marked Infant held to be fed No child forced to eat Encourage toddlers to sit at table and feed themselves
Health	Daily medical inspection by operator (R.N.) First aide kit on premises with staff knowing how to do arrangements for emergency medical care; signed parental statement Periodic physicals Must spend time daily outdoors--weather permitting.
Isolation Facilities	Separate room for isolation Accessibility of toilet and handwashing facilities.
Staff	Infants constantly supervised; 2 people always present Must be in good health Director - 21 years at least some recommend R.N. Staff - not under 18 years Ratio varies 1 to 2 - 1 to 10 Presence of R.N. for varying times during the week.

TABLE I (continued)

Discipline	No physical or verbal punishment Should be remedical, "geared to learning rather than to forcing conformity to adult standards."
Special Needs of Infants	To be held, cuddled Regular routine; individual, unhurried and loving Same caretaker for each infant every day; need warm mother figure attachment Allowed to progress at individual speed No crying to go unheeded
Toys	Washable No paints, sharp edges, movable parts and large enough so cannot be swallowed Outdoor climbing and sports equipment Creative and construction play materials Books, musical instruments and records Teaching rings, beads, rattles, cradle gyms, squeezing top, cuddly toys, rubber blocks; household objects as toys Adult attention, singing, talk, pictures and watching adults in their normal roles.
Parent Education	Encourage parental visits Advise parents of child's progress via scheduled interviews
Insurance	Public liability Workmen's compensation Fire and theft Insurance for automobiles used to transport children
Transportation	Parents should provide transportation to and from center If provide need licensed dirver, insurance, adult other than driver present, infant seats, safe loading and unloading area.
Uniforms	Clean, individual garments Colorful
Religious and Racial Tolerance	Respect individual religious differences

BIBLIOGRAPHY

Books

Bettleheim, Bruno. The Children of the Dream. London: The McMillion Company, 1969.

Bowlby, J. Attachment and Loss. New York: Basic Books, 1969.

Brim, O. G., Jr. Education for Child Rearing. New York: Russell Sage Foundation, 1959.

Dittman, L. L. (Ed.). Early Child Care: The New Perspectives. New York: Atherton Press, 1968.

Hunt, T. McV. Intelligence and Experience. New York: Ronald Press, 1961.

Keister, Mary Elizabeth. "The Good Life" For Infants and Toddlers." Washington, D.C.: National Association for the Education of Young Children, 1970.

Pines, Maya. Revolution in Learning. New York: Harper & Row, Publishers, 1967.

Provence, Sally. Guide for the Care of Infants in Groups. New York: Child Welfare League of America, 1967.

Provence, Sally and Lipton, Rose C. Infants in Institutions. New York: International Universities Press, Inc., 1967.

Ruderman, Florence A. Child Care and Working Mothers: A Study of Arrangements Made for Daytime Care of Children, New York: Child Welfare League, 1969.

Spitz, Rene A. The First Year of Life. New York: International Universities Press, Inc., 1965.

Spotlight on Day Care. Washington, D. C.: U. S. Department of Health, Education and Welfare, 1965.

Training for Child Care Staff. New York: Child Welfare League of America, Inc., 1963.

Day Care An Expanding Resource for Children. New York: Child Welfare League of America, Inc., 1967.

Articles and Periodicals

Caldwell, Bettye. "What is the Optimal Learning Environment for The Young Child?" American Journal of Orthopsychiatry, XXXVII (January, 1967), 8-20.

Class, Norris E. Licensing for Child Care -- A Preventive Welfare Service," Children, 15 (September-October, 1968), 188-192.

"Facts About Day Care." Washington, D.C.: U.S. Labor Department, October, 1969.

"Federal Interagency Day Care Requirements." Washington, D.C.: U.S. Department of Health, Education and Welfare, 1968.

Reingold, Harriett. "The Modification of Social Responsiveness In Institutional Babies." Monograph. Social Research, Child Development. 21: No. 63. 1957.

Schaffer, H. R., and Emerson, P.E. "The Development of Social Attachments in Infancy." Monographs of the Society for Research in Child Development, 1964, 29 (3, whole No. 94), 1-77.

"Whether (And When) Little Children Should Be Helped To Learn." Carnegie Quarterly, Carnegie Quarterly, XVII (Winter, 1969), 1-8.

Unpublished Material

Caldwell, Bettye M. "Day Care -- Timed Instrument of Bold Social Policy." 1970 (Mimeographed).

Dubnoff, Bette. "The Case For Early Childhood Education." Dubnoff School for Educational Therapy, No. Hollywood, Calif., 1969. (Mimeographed).

Robinson, Halbert B. "The Frank Porter Graham Child Development Center." University of North Carolina at Chapel Hiss (Mimeographed).

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6/9/70